

Department of Rehabilitative Services
Supported Employment for Persons with Physical Disabilities (SEPD) Referral Form

Please Note: Completion of this form and approval by SEPD staff is required prior to field staff authorizing any SE service for consumers where SEPD funds or staff resources will be utilized.

Client Name: _____ Current Status: _____
Case Number: _____ SS#: _____
Primary Disability: _____
Secondary Disability: _____
Other Disability Information: _____
Vocational Goal on IWRP: _____
Referring Counselor: _____ SEPD Staff: _____
Date of this Referral: _____ Date Services Requested: _____
Vendor Selected / Contact: _____

Referral Request: ☐ **CONSULTATION/STAFFING BY SEPD STAFF**
☐ **SITUATIONAL ASSESSMENT**
To be Vended by Field Counselor ☐ Direct by SEPD ☐
☐ **JOB DEVELOPMENT**
To be Vended by Field Counselor ☐ Direct by SEPD ☐
☐ **PLACEMENT AND TRAINING**
To be Vended by Field Counselor ☐ Direct by SEPD ☐
☐ **FOLLOW-ALONG**
To be Vended by Field Counselor ☐ Direct by SEPD ☐

Please list other sources pursued for follow-along:

Attach the following information with this referral:

Certificate of Eligibility
IWRP (if unavailable, please indicate status of IWRP development)
Vocational Evaluation or Situational Assessment

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TO BE COMPLETED BY SEPD COUNSELOR

- ☐ Services Approved (approval by the SEPD staff constitutes commitment for services)
- ☐ Services Approved with the following Modifications/Recommendations:
- ☐ Services Not Approved-Explanation:

SEPD Staff Signature

Date